

LICENSURE ADVANCEMENT FORM
FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS
SCHOOL YEAR 2004-2005

Last Name _____ First Name _____ MI _____ SSN _____
Home Address _____ City _____ State _____ Zip _____
School Name _____ Phone Number _____
School System _____ Phone Number _____
School System Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

MUST COMPLETE:

Identify subject area for which observation was conducted.

_____ Elementary Grade _____ Secondary Course Title
Check License Type _____ 22 _____ 27 _____ 36 _____ 67 Expiration Date _____

Verification of Experience

_____ Years _____ Months _____ Days
(3 years of verified experience required)

Evaluated by _____ Principal/Supervisor
Signature of Evaluator

PLEASE READ CAREFULLY - Since your license was last issued or reissued:

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? _____ Yes _____ No
2. Have you been convicted of the illegal possession of drugs and/or narcotics ? _____ Yes _____ No
3. Have you falsified or altered documentation required for licensure? _____ Yes _____ No

Applicant's Signature _____ Date _____

Recommendation Level

The above educator has been evaluated and meets the required competency level for all designated domains and is recommended for advancement to the Professional License:

_____ YES _____ NO

Principal's Signature _____ Date _____

Superintendent/Director's Signature _____ Date _____

Field Service Center Staff/Director's Signature _____ Date _____

TL Use Only

Evaluator	<input type="checkbox"/>	Name/SSN	<input type="checkbox"/>	License/Endorsement	<input type="checkbox"/>	Experience	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	Directors Signature	<input type="checkbox"/>	Returned to FSC	<input type="checkbox"/>	Issued	<input type="checkbox"/>